


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90181 045 ***150.00

DOCUMENT # P06000068752

1. Entity Name
POLLO PLACE CORP.



40095400

Principal Place of Business Mailing Address
4263 SW 154 AVENUE **4263 SW 154 AVENUE**
MIAMI, FL 33185 **MIAMI, FL 33185**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04152008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

DE MENDOZA, ALICIA G
4263 SW 154 AVENUE
MIAMI, FL 33185

4. FEI Number
20-4897016

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Alicia G. Mendoza*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DE MENDOZA, ALICIA G	
STREET ADDRESS	4263 SW 154 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	V	<input type="checkbox"/> Delete
NAME	REMAR, EVA C	
STREET ADDRESS	8697 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alicia G. Mendoza*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #